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CURRENT CORRESPONDENCE AD Block 1)	DDRESS (Note: Legibly mark-up with a	ny corrections or use			- · · - · - ·
DIANNE B. ELDERKIN WOODCOCK WASHBURN LLP 46th Ploor One Liberty Place Phitadelphia, PA 19103					
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APPLICATION NO 10/785,472	FILING DATE 02/23/2004		MED INVENTOR LUXEMBOURG	ATTORNEY DOCKET NO.  JIPR-0050	CONFIRMATION NO.
TITLE OF INVENTION: PURIFICATION OF ANTIGEN-SPECIFIC T CELLS					
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
NONPROVISIONAL	NONO	\$1400	\$300	1730	08/18/2006
EXAM		ART UNIT	CLASS-SUBCLASS	]	
VANDERVEGT	, FRANCOIS P.	1644	530-403000	j	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363)  ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  ☑ "Fee Address" Indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type). PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set for CFR 3.11 Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY & STATE OR COUNTRY)					
ORTHO-MCNEIL PHARM	MACEUTICAL, INC.	RARITAN, NEW JERSEY			
Please check the appropriate assigne	e category indicated below (will not be )	individual 🛛	corporation or other private group enti	ity Government	
4a. The following fee(s) are enclosed:		4b. Payment of Fee(s):			
Issue Fee		A check in the amount of the fee(s) is enclosed.			
Publication Fee	•	★ The Commissioner is or credit any overpays	The Commissioner is hereby authorized to charge the required fees, charge any deficiency or credit any overpayment of the fees associated with this communication to Deposit		
Advance Order - # of Copies 10     Account No. 23-3050.      Change in Entity Status (from status indicated below)					
a. Applicant claims SMACA ENTIT		🔲 b. Applic	cant is no longer claiming SM	IALL ENTITY status. See 37 CFR 1.2	7(g)(2).
Authorized Signature	INO G. XWOON		Date Aug	wat 10,200G	
Typed or printed name Phillip A	. S(nger		Registration No.	40.176	
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